Missouri Ethics Commission



Missouri Ethics Commission (MEC)
P.O. Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

Statement of Committee Organization

	JUL	Ω	3	2017
Office Use:				
T171414				

1. Statement Information	n		· · · · · · · · · · · · · · · · · · ·		N S			
Date: <u>07/01/2017</u>	_	<i></i>	7 7					
Type: New A	– mended (if amending, enter N	иEC ID <u>(1711)</u>	/Z & section	on changed				
. Committee Informatio								
STL Citizens for Respons	sible Government							
Name of Committee								
PO BOX 11514 St. Louis, Committee Mailing Address, City, Sta				(314) 2 Telephon	250-3026 • Number			
	·		St. Louis County Board of Elections					
C			erk or Board of Election Co		Dalisiasi Dan			
	Campaign Candidate	Continuing(PAC)	Debt Service [Exploratory	Political Pary			
Treasurer/Deputy Trea	surer Information							
Megan Shackelford	· · · · · · · · · · · · · · · · · · ·		- FII Add		·			
	Treasurer's Name (First & Last)		Treasurer's Email Address (optional)					
PO Box 11514 St Louis, Treasurer's Mailing Address, City, Sta		(5/3) 5 Phone 1	801-5806	Phone 2				
Deputy Treasurer's Name (if one app	ointed)	Deputy Tre	easurer's Email Address (o	ptional)				
Deputy Treasurer's Mailing Address,	City State & 7in	Phone 1		Phone 2				
		Filone 1		Thore 2				
Additional Committee I	ntormation	·	<u> </u>	<u> </u>	<u> </u>			
Additional Committee Officer's Name	e & Title (if any)	Additional	Committee Officer's Maili	ng Address, City, State, &	Zip			
Connected Organization's Name (if a	19)	Connected	Organization's Mailing Ad	ldress, City, State, & Zip				
CANDIDATES: Do you ha	eve more than one candidate o	committee?	(refer to instruct	tions on back)	No			
Official Bank Account In	formation (required by all co	mmittees)						
Candidate Supported or	Opposed (candidate commit	tees must include se	f, if candidate)	·				
Name & Mailing address, City, State,	& Zip of Candidate	Phone 1		Phone 2				
Training dedicate, city, state,	a Lip of confidence	1,10,10		, 2				
Election Date	Office Sought & Political Subdivision	on Political Part	iy .	Support or Op	pose			
Ballot Measure Support	ed or Opposed (campaign cor	mmittees must comp	lete this section)					
Name of Ballot Measure		Election Dat	e & Political Subdivision	Support or Op	pose			
Signature(s) Check certi	fication(s) & sign (required by	all committees)						
7 / 1 / 1	er penalty of perjuly that info		· ·	•				
Committee Treasurer	/ / ///	Candidate (Candidate Committees Or	niy)				
/								
300-1308 Form (ket (Rev. 01/2016)	must be completed in full & c	ontain orginal signat	ure(s), fax filings	are not accepte	d.			